



FOND DU LAC COUNTY

GP#: WCA0020

FITNESS REIMBURSEMENT FORM

EMPLOYEE
NAME: _____

SS#: _____

FITNESS CENTER: _____

REIMBURSEMENT
AMOUNT: \$200.00 Annual Maximum

SIGNATURE: _____

(Include a receipt from the Fitness Center/Program)

FORWARD TO: WCA Group Health Trust
18550 W. Capitol Drive
Brookfield, WI 53045